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## BIB DATA SHEET

CONFIRMATION NO. 6740

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/518,322	07/08/2005 RULE	514	3766	SC&C-115US		
<b>APPLICANTS</b> Alon Shalev, Ra'anana, ISRAEL;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00508 06/13/2003 which claims benefit of 60/388,931 06/14/2002 and is a CIP of 10/294,310 11/14/2002 PAT 7,146,209 which claims benefit of 60/400,167 07/31/2002 and claims benefit of 60/364,451 03/15/2002 and is a CIP of 10/258,714 01/22/2003 PAT 7,120,489 which is a 371 of PCT/IL01/00402 05/07/2001 which claims benefit of 60/203,172 05/08/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/17/2005						
Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ISRAEL	12	32	6
Verified and	/DEBORAH LESLIE MALAMUD/ Examiner's Signature	Initials				
<b>ADDRESS</b> RATNERPRESTIA P O BOX 980 VALLEY FORGE, PA 19482-0980 UNITED STATES						
<b>TITLE</b> Methods and systems for management of alzheimer's disease						
<b>FILING FEE RECEIVED</b> 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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